

EXHIBIT 31



Oakwood

CORRECTIVE ACTION FORM

RECEIVED APR 26 2018

EMPLOYEE INFORMATION

Employee ID 244850

Last Name Miller	First Name Sheryl	Initial
Job Title Patient Access Specialist		
Department Patient Access Specialist		
Location Taylor	Check One	Bargaining Position
Hire Date 6/5/2017	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

INCIDENT INFORMATION

Date Reported 4/20/18 & 4/25/18	Incident Type 012	See back of this form for Incident Type Codes.
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Supervisor Name Laura Tanner

ACTION TAKEN

Action Counseling	<input type="checkbox"/>	3 Day or 5 Day Suspension - (List Dates):
Step <i>KW</i> Written Warning #1	<input checked="" type="checkbox"/>	_____
Written Warning #2	<input type="checkbox"/>	Termination - (Note Termination Date): (Termination must have approval of ER/LR Leader.)

Action Date 4/25/2018	Action Discussed With (Supervisor) Wrong patient registered twice within 7 days
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Description of Incident See Below	Date of Incident 4/19/18 & 4/24/18
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1. Sheryl admitted wrong patient Pt101 on 4/19/18 instead of correct patient Pt102. 2. Sheryl admitted incorrect patient Pt103 on 4/24/18 instead of correct patient Pt104. Sheryl had all of the correct patient demographics in front of her for both patients but still admitted the incorrect patient.

Supervisor/Manager Signature <i>Laura Tanner</i>	Date 4-25-18
Director Signature	Date
ER/LR Director Signature <i>Laura Miller</i>	Date 4-25-18

EMPLOYEE COMMENTS

Declined union rep.

Signature of Employee <i>X Sheryl Miller</i>	Date 4/25/18
Employee signature does not indicate agreement, merely receipt of this report.	

Witness Signature	Date
Steward Signature (if applicable)	Date